

<p style="text-align: center;">CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i></p> <p>Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/824,597</td> </tr> <tr> <td>Filing Date</td> <td>April 15, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Stephen J. PANDOL et al.</td> </tr> <tr> <td>Art Unit</td> <td>1614</td> </tr> <tr> <td>Examiner Name</td> <td>Anna PAGONAKIS</td> </tr> <tr> <td>Attorney Docket Number</td> <td>034047.0211</td> </tr> </table>	Application Number	10/824,597	Filing Date	April 15, 2004	First Named Inventor	Stephen J. PANDOL et al.	Art Unit	1614	Examiner Name	Anna PAGONAKIS	Attorney Docket Number	034047.0211
Application Number	10/824,597												
Filing Date	April 15, 2004												
First Named Inventor	Stephen J. PANDOL et al.												
Art Unit	1614												
Examiner Name	Anna PAGONAKIS												
Attorney Docket Number	034047.0211												

Please change the Correspondence Address for the above-identified application to:		
<input checked="" type="checkbox"/> The address associated with Customer Number:	<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;">53498</div>	
OR		
<input type="checkbox"/> Firm or Individual Name		
Address		
City	State	Zip
Country		
Telephone	Fax	
<p>This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).</p> <p>I am the :</p> <p><input type="checkbox"/> Applicant/Inventor.</p> <p><input type="checkbox"/> Assignee of record of the entire interest. Certificate under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> Attorney or agent of record. Registration Number <u>43,172</u>.</p> <p><input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____.</p>		
Signature		
<div style="display: flex; align-items: center;"> <div style="flex: 1;"> </div> <div style="flex: 1; margin-left: 10px;"> <p>Typed or Printed Name</p> <p>Suzannah K. Sundby</p> </div> </div>		
Date	Telephone	
September 12, 2008	202-263-4332	
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> *Total of 1 forms are submitted.</p>		

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.